

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MHN	LC	04/27/01
FORMALITY REVIEW	D.	JR 323	06-01-01
RESPONSE FORMALITY REVIEW	Request	925	09-27-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	04/27/01
2	04/27/01
3	04/27/01
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Claim	Date
Final	
Original	
51	04/27/01
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Claim	Date
Final	
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150	04/27/01

If more than 150 claims or 10 actions  
staple additional sheet here

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151 ÷ } See attached  
↓  
199 ÷